

BOOK REVIEW

Handbook for mortals: guidance for people facing serious illness

by Joanne Lynn and Joan Harrold, Oxford University Press, June 1999, \$25.00

One constant over the last half-century has been the growing importance of medicine in American culture. Physicians visiting their patients in the hospital have only to glance at the television screen to see Hollywood's vision of how we should look and act. Nonfictional coverage of medical issues has also increased, with much of human experience and behavior recast in medical terms. The reaction of the medical community to this medicalization of modern society has been complex, but a constant theme has been condescension tinged with annoyance.

What has largely been overlooked in discussions of the popularization of medicine are its benefits. First, there are a growing number of well-written books on medical topics for laypeople. Some of these books could serve as texts for medical students. Examples include *How We Die* by Sherwin Nuland,¹ *Children of Crisis* by Robert Coles,² *False Hopes* by Daniel Callahan,³ *The Lost Art of Healing* by Bernard Lown,⁴ and anything written by Oliver Sacks.⁵

Second, books written for a popular audience broaden the discourse about critical issues. The rapid advances of medical technology, with the attendant rise in expenditures for medical care, have produced a growing number of choices—decisions about costs versus benefits and about unequal access to care. These are not just medical issues; they are societal issues that involve medicine.

Occasionally, an issue directly relating to medicine will arise in which academic medicine takes a back seat, with the most important discussions carried out in the public arena. Examples include the potential uses of micronutrient supplementation and the risks of exposure to silicon and other chemicals. There is no doubt that an appreciation as well for the importance of the emotional, physical, and spiritual needs of the dying person has emerged in large part outside of the medical community, and often in opposition to it. Hospice is based in nursing, not



Larry and Margot at home, NYC 1995

medical, values and flourished in the community long before it was accepted in academic medical centers.

The target audience for *Handbook for Mortals* by Joanne Lynn and Joan Harrold is clearly defined; its subtitle is "guidance for people facing serious illness." On the other hand, the subtitle could have been "guidance for people facing serious illness, their families, their friends, their physicians and nurses, and anyone else interested in the fact that we will all die someday." This is a wonderful book, overwhelming in its practicality. It would be of interest to just about everyone.

The 17 chapters are devoted to issues such as living with serious illness; helping family make decisions and give care; getting the help you need; talking with your doctor; controlling pain; planning ahead; forgoing medical treatment; and coping with events near death. Each chapter is subdivided into several sections. For example, the chapter on forgoing medical treatment has sections on stopping treatment; time-limited trials; when

food seems like love; the benefits of dehydration at the end of life; choosing to stop eating and drinking; and the many meanings of "do not resuscitate."

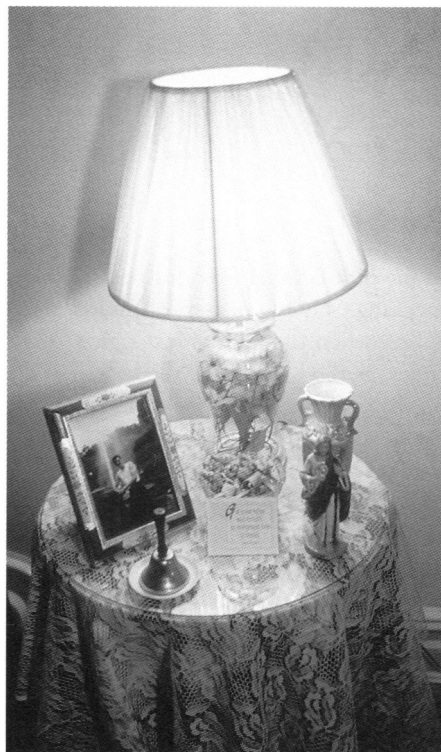
Handbook for Mortals is a kind, thoughtful work, full of an appreciation for the heterogeneity of human experience. Why is it that people who work with the dying always sound so much more sensible than the rest of us? There is no cant here. In the first table, "Things to do when time may be short," listed as "very important" are items such as "spend time with people who are important to you," while completing advance directives is in the second group of "important" things. The reflexive action would be to write about the importance of advance directives, which is the medical community's symbol for concern about dying patients.

For most people, death is a tragedy, almost always messy and unpredictable. No amount of planning will eliminate that reality. It is this very reality that is so effectively discussed in *Handbook for Mortals*. There is no ideology,

just an honest attempt to convey information and give advice. In addition to drawing on their own experience, the two physician-authors employed focus groups with seriously ill people and include considerable input from other professionals in palliative care.

Much of what has been written about serious illness and death comes from a theoretical perspective; even an author as powerful as Elizabeth Kübler-Ross, who came to her ideas through clinical experience, expressed them in theoretical constructs. Her work was groundbreaking, but with the potential to become rigid and codified in the hands of adherents. Thus some hospice workers still obsess about the proper procession of their clients through the various stages of dying.

Such constructs belong in the classroom, not the clinic. Clinical care involves taking care of one individual at a time. In that task, we call upon scientific discoveries and theoretical constructs, but our focus is on the individual patient. It is this spirit of ad hoc practicality that is so wonderfully communicated in *Handbook for Mortals*. There is no "right way" to be sick or to die. Denial versus acceptance, advance directives versus



Larry's table, NYC 1995

"keep on keeping on"—there is no right or wrong here, no hierarchy of values for the

individual patient to consider. Whatever works is okay. We are not graded on our death. An equally important message is that it is okay to change our minds—for example, to decide to forgo treatment one day and then decide on treatment the next.

Although this book is written to help the individual facing serious illness, it is also a celebration of what it means to be a physician, to slog on through the day-to-day job of helping other people, to continually be open to whatever seems best for each individual. For that reason, the *Handbook for Mortals* should be a handbook for all health-care workers.

James S. Goodwin
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References

- 1 Nuland SB. *How We Die*. New York: Vintage; 1995.
- 2 Coles R. *Children of Crisis*. Boston: Little Brown; 2000.
- 3 Callahan D. *False Hopes: Overcoming the Obstacles to a Sustainable, Affordable Medicine*. Camden (NJ): Rutgers University Press; 1999.
- 4 Lown B. *Lost Art of Healing*. New York: Ballantine; 1999.
- 5 Sacks O. *Awakenings*. New York: Vintage; 1999.

One hundred years ago

In the Transactions of the Medical Society of the State of California, vol 30, 1900, E.H. Woolsey wrote:

He who eats late suppers, not only directly imposes undue work upon the heart, which must not be always overworked, but imposes, also, extra work upon his liver and other organs of the digestive tract; and they, in turn, reflect back to the heart, through the sympathetic nerves, an excess of physiologic irritation, that finally disturbs the balance of its nervous mechanism, and wears out prematurely its structural elements. And if the late suppers are pickled in the stomach by beer or wine, so as to delay digestion, the liver will give an additional reflex kick to the heart, and both will founder in their functions, and there will ultimately result a vicious circle, expressed by an excess of uric acid in the blood, which will poison the very fountain of life—the sympathetic system; and then will come swift destruction to all functions.